#### **APPLICATION DATA SHEET**

### **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	•
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	ENANTIOMER (-) OF TENATOPRAZOLE AND THE THERAPEUTIC USE THEREOF
Attorney Docket Number::	032013-103
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	None
Small Entity?::	No
Latin Name::	

#### DT04 Rec'd PCT/PTO 1 3 SEP 2004

Variety Denomination Name:: Petition Included?:: No Petition Type:: Licensed US Govt. Agency:: **Contract or Grant Numbers::** Secrecy Order in Parent Appl.?:: No **Applicant Information Applicant Authority Type:**: Inventor Primary Citizenship Country:: France Status:: **Full Capacity** Given Name:: Suzy Middle Name:: Family Name:: **CHARBIT** Name Suffix:: City of Residence:: Creteil State or Province of Residence:: Country of Residence:: France Street of Mailing Address:: 10, rue Floris Osmond City of Mailing Address:: Creteil State or Province of Mailing Address:: Country of Mailing Address:: France Postal or Zip Code of Mailing Address:: F-94000

## DT04 Rec'd PCT/PTO 1 3 SEP 200T

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Avraham
Middle Name::	
Family Name::	COHEN
Name Suffix::	
City of Residence::	Tel Aviv
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	16/5 Fishman Maïmon Street
City of Mailing Address::	Tel Aviv
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Herve
Middle Name::	
Family Name::	FICHEUX
Name Suffix:	

## 10/507485 DT04 Rec'd PCT/PTO 1 3 SEP 2004

City of Residence:: Nogent-Sur-Marne

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 26bis, boulevard de Strasbourg

City of Mailing Address:: Nogent-Sur-Marne

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing

Address:: F-94130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Michel

Middle Name::

Family Name:: HOMERIN

Name Suffix::

City of Residence:: Courcouronnes

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 9, Villa des Roseraies

City of Mailing Address:: Courcouronnes

State or Province of Mailing Address::

Country of Mailing Address:: France

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# DT04 Rec'd PCT/PTO 1 3 SEP 2004

Address::	F-91080
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Francois
Middle Name::	
Family Name::	SCHUTZE
Name Suffix::	
City of Residence::	Saint-Non-La-Breteche
State or Province of Residence::	
Country of Residence::	France
Street of Mailing Address::	4, rue Charles Baudelaire
City of Mailing Address::	Saint-Non-La-Breteche
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-78860
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Alain
Middle Name::	

### 10/507485 DT04 Rec'd PCT/PTO 1 3 SEP 200%

Family Name::

**TACCOEN** 

Name Suffix::

City of Residence::

Le Chesnay

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

9, Avenue de Villiers

City of Mailing Address::

Le Chesnay

State or Province of Mailing Address::

Country of Mailing Address::

France

Postal or Zip Code of Mailing

Address::

F-78150

#### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

#### **Representative Information**

Representative Customer Number::

21839

#### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing

Date::

This Application

National Stage of

PCT/FR03/003746 12/16/03

#### **Foreign Priority Information**

Country::

Application Number::

Filing Date::

**Priority** Claimed::

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#### DT04 Rec'd PCT/PTO 1 3 SEP 2004

France

0215949

12/16/02

Yes

#### **Assignee Information**

Assignee Name::

Sidem Pharma S.A.

Street of Mailing Address::

63, rue de Rollingergrund

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Luxembourg

Postal or Zip Code of Mailing

Address::

L2441